



Express Mail Label No. **EL818038198US**

Page 1 of 4

Docket No.
89283.051401

Declaration and Power of Attorney For Patent Application

English Language Declaration

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled
ELECTRONIC DATA GATHERING FOR EMERGENCY MEDICAL SERVICES

the specification of which

(check one)

is attached hereto.

☒ was filed on April 26, 2001 as United States Application No. or PCT International
Application Number 09/842,449
and was amended on _____
(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119(a)-(d) or Section 365(b) of any foreign application(s) for patent or inventor's certificate, or Section 365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s)

Priority Not Claimed

None

☐

(Number)

(Country)

(Day/Month/Year Filed)

☐

(Number)

(Country)

(Day/Month/Year Filed)

☐

(Number)

(Country)

(Day/Month/Year Filed)

(Application Serial No.)

(Filing Date)

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(Application Serial No.)

(Filing Date)

(Status)

(patented, pending, abandoned)

(Application Serial No.)

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(Status)

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. *(list name and registration number)*

Thomas R. FitzGerald

Reg. No. 26,730

Ronald S. Kareken

Reg. No. 20,573

Lee J. Fleckenstein

Reg. No. 36,136

Laurence S. Roach

Reg. No. 45,044

Stephen J. Sand

Reg. No. 34,716

Ronald J. Klsicki


Reg. No. 38,205

Send Correspondence to: **Thomas R. FitzGerald, Esq.**
JAECKLE FLEISCHMANN & MUGEL, LLP
 39 State Street
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Thomas R. FitzGerald, Esq. - Tel. (716) 262-3640 - Fax (716) 262-4133

Full name of sole or first inventor Christopher Zak	Date
Sole or first inventor's signature	
Residence 4590 Southwestern Boulevard, Apt. LJ, Hamburg, New York 14075	
Citizenship USA	
Post Office Address Same as Above	

Full name of second inventor, if any Thomas F. D'Aprix, Jr., M.D.	Date
Second inventor's signature	
Residence 374 Lakefront Boulevard, Buffalo, New York 14202	
Citizenship USA	
Post Office Address Same as Above	

Full name of third inventor, if any Anthony J. Billitier, M.D.	
Third inventor's signature 	Date 8/13/01
Residence 6 Hemlock, Lancaster, New York 14086	
Citizenship USA	
Post Office Address Same as Above	

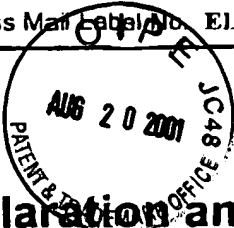
Full name of fourth inventor, if any	
Fourth inventor's signature	Date
Residence	
Citizenship	
Post Office Address	

Full name of fifth inventor, if any	
Fifth inventor's signature	Date
Residence	
Citizenship	
Post Office Address	

Full name of sixth inventor, if any	
Sixth inventor's signature	Date
Residence	
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Prior Foreign Application(s)			Priority Not Claimed
None			<input type="checkbox"/>
(Number)	(Country)	(Day/Month/Year Filed)	
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I hereby claim the benefit under 35 U.S.C. Section 119(e) of any United States provisional application(s) listed below:

<u>60/199,871</u>	<u>April 26, 2000</u>
(Application Serial No.)	(Filing Date)

_____	_____
(Application Serial No.)	(Filing Date)

_____	_____
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<u>None</u>	_____	_____
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Full name of sole or first inventor Christopher Zak	<u>8/16/2001</u> Date
Sole or first inventor's signature <i>Christopher P. Zak</i>	
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Post Office Address Same as Above	

Full name of second inventor, if any Thomas F. D'Apriz, Jr., M.D.	
Second inventor's signature	Date
Residence 374 Lakefront Boulevard, Buffalo, New York 14202	
Citizenship USA	
Post Office Address Same as Above	

Full name of third inventor, if any
Anthony J. Billitier, M.D.

Third inventor's signature

Date

Residence

6 Hemlock, Lancaster, New York 14086

Citizenship

USA

Post Office Address

Same as Above

Full name of fourth inventor, if any

Fourth inventor's signature

Date

Residence

Citizenship

Post Office Address

Full name of fifth inventor, if any

Fifth inventor's signature

Date

Residence

Citizenship

Post Office Address

Full name of sixth inventor, if any

Sixth inventor's signature

Date

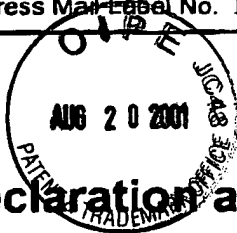
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Second inventor's signature	Date 8/17/2001
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Full name of third inventor, if any Anthony J. Billitier, M.D.	
Third inventor's signature	Date
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Citizenship USA	
Post Office Address Same as Above	

Full name of fourth inventor, if any	
Fourth inventor's signature	Date
Residence	
Citizenship	
Post Office Address	

Full name of fifth inventor, if any	
Fifth inventor's signature	Date
Residence	
Citizenship	
Post Office Address	

Full name of sixth inventor, if any	
Sixth inventor's signature	Date
Residence	
Citizenship	
Post Office Address	